

PATENT APPLICATION FEE DETERMINATION RECORD					Application or Docket Number 09/622696		
Effective December 29, 1999							
CLAIMS AS FILED - PART I					SMALL ENTITY		
(Column 1) (Column 2)					TYPE <input type="checkbox"/> OR <input checked="" type="checkbox"/> OTHER THAN SMALL ENTITY		
FOR	NUMBER FILED	NUMBER EXTRA	RATE	FEES	RATE	FEES	
BASIC FEE					OR	120	
TOTAL CLAIMS	12 minus 20 =		X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS	1 minus 3 =		X39=		OR	X78=	
MULTIPLE DEPENDENT CLAIM PRESENT			+130=		OR	+260=	
			TOTAL		OR TOTAL	240	
* If the difference in column 1 is less than zero, enter "0" in column 2							
CLAIMS AS AMENDED - PART II					SMALL ENTITY		
(Column 1) (Column 2) (Column 3)					TYPE <input type="checkbox"/> OR <input checked="" type="checkbox"/> OTHER THAN SMALL ENTITY		
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
Total	70 Minus	20	=	X\$ 9=		OR	X\$18=
Independent	2 Minus	3	=	X39=		OR	X78=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			+130=		OR	+260=	
			TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE		
AMENDMENT B					SMALL ENTITY		
(Column 1) (Column 2) (Column 3)					TYPE <input type="checkbox"/> OR <input checked="" type="checkbox"/> OTHER THAN SMALL ENTITY		
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
Total	21 Minus	20	= 1	X\$ 9=		OR	X\$18=
Independent	1 Minus	3	= 1	X39=		OR	X78=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			+130=		OR	+260=	
			TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE		
AMENDMENT C					SMALL ENTITY		
(Column 1) (Column 2) (Column 3)					TYPE <input type="checkbox"/> OR <input checked="" type="checkbox"/> OTHER THAN SMALL ENTITY		
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
Total	Minus	=	X\$ 9=		OR	X\$18=	
Independent	Minus	=	X39=		OR	X78=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			+130=		OR	+260=	
			TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE		
<ul style="list-style-type: none"> * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. * If the "Highest Number Previously Paid For" (THIS SPACE IS less than 20, enter "20." ** If the "Highest Number Previously Paid For" (THIS SPACE is less than 3, enter "3.") The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. 							

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL
For FY 2005 Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT (\$)** **250****Complete if Known**

Application Number	09/622,696
Filing Date	November 11, 2000
First Named Inventor	Stephan Bolz
Examiner Name	Dolinar, Andrew M.
Art Unit	3747
Attorney Docket No.	071308.0519

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 50-2148 Deposit Account Name: BAKER BOTTS L.L.P.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEESFee Description

	Fee (\$)	Small Entity
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
21 - 20 or HP =	1	x 50.00	= 50.00			
HP = highest number of total claims paid for, if greater than 20						

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
4 - 3 or HP =	1	x 200.00	= 200.00

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	=	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other:

SUBMITTED BY

Signature		Registration No. (Attorney/Agent) 33,730	Telephone 512.372.2606
Name (Print/Type)	Bruce W. Slayden II	Date 2/7/2005	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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